

BEST AVAILABLE COPY

DO NOT WRITE IN THIS AREA (For additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SD	71058	1-5-99
O.I.P.E. CLASSIFIER		25	01-07-99
FORMALITY REVIEW		60814	1-9-99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1		10/12/99	
2		12/18/99	
3		4/6/00	
4		9/01/01	
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If more than 150 claims or 10 actions
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